

APPLICATION FOR A ONE-TIME EXTENSION OF A PROVISIONAL CERTIFICATE

For use in requesting an extension of a Provisional Elementary, Secondary, Special Education and Early Childhood Certificate. This is a one-time option and current requirements for a six-year Standard certificate must be met prior to the expiration of this extended certificate.

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit a \$20 money order, cashiers check or personal check **ONLY** for each certificate extension, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**

PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____
(For identification purposes only)

Date of Birth: ____/____/____

Gender: M / F

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____-____ Email Address: _____
(Home) (Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

(Gender and Ethnicity are requested for federal reporting purposes only)

I would like to extend my Provisional Elementary, Secondary, Special Education, or Early Childhood Certificate.
(Circle)

I HAVE NOT BEEN EMPLOYED IN A FULL-TIME TEACHING POSITION FOR 4 SEMESTERS OR TWO SCHOOL YEARS AND REQUEST A ONE-TIME TWO-YEAR EXTENSION.

CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

- Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
- Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
- Have you ever been convicted of any felony offense?.....YES___ NO___
- Have you ever been arrested for any offense for which you were fingerprinted?.....YES___ NO___**
- HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder YES___ NO___

b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES___ NO___

c Sexual assault YES___ NO___

d Molestation of a child YES___ NO___

e Sexual conduct with a minor YES___ NO___

f Commercial sexual exploitation of a minor YES___ NO___

g Sexual exploitation of a minor YES___ NO___

h Child abuse YES___ NO___

i Kidnapping YES___ NO___

j Sexual abuse of a minor YES___ NO___

k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES___ NO___

l Child prostitution as prescribed in section 13-3212 YES___ NO___

m Involving or using minors in drug offenses YES___ NO___

n Continuous sexual abuse of a child YES___ NO___

o Attempted first-degree murder YES___ NO___

p Any other dangerous crime against children as defined in section 13-604.01 YES___ NO___

q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES___ NO___

r Any offense causing you to register as a sex offender YES___ NO___

s First-degree murder YES___ NO___

t Armed Robbery YES___ NO___

u Incest YES___ NO___

v Exploitation of minors involving drug offenses YES___ NO___

w Sexual abuse of a vulnerable adult YES___ NO___

x Sexual exploitation of a vulnerable adult YES___ NO___

y Commercial sexual exploitation of a vulnerable adult YES___ NO___

z Abuse of a vulnerable adult YES___ NO___

aa Molestation of a vulnerable adult YES___ NO___

bb Neglect of a vulnerable adult YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date _____ Applicant's Signature _____

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.